

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

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**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JEFFREY J. JOYCE, M.D., RESPONDENT**

**File No. 02-04-362**

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**CONSENT AGREEMENT**

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**COMES NOW** the Iowa Board of Medical Examiners (the Board) and Jeffrey J. Joyce, M.D. (Respondent) and enter into the following Consent Agreement. The Board shall issue the Applicant a permanent Iowa medical license under the following terms and conditions, which have been imposed with the Applicant's consent.

1. On April 3, 2003, Respondent entered into a combined Statement of Charges, Settlement Agreement and Final Order with the Board. Respondent was charged with engaging in unethical or unprofessional conduct and with the inability to practice medicine and surgery with reasonable skill and safety as the result of a mental or physical condition. Respondent's Iowa resident physician medical license was placed on probation for a period of five (5) years subject to certain terms and conditions. The Board and Respondent have incorporated the terms and conditions of probation in this Consent Agreement.

2. Respondent is hereby granted a permanent license to practice medicine and surgery in Iowa.

3. Upon the Board's approval of this Order, Respondent's Iowa medical license shall be placed on **probation until April 3, 2008**, under the following terms and conditions:

- A. **Board Monitoring Program:** Respondent shall continue to fully comply with the Board's monitoring program.
- B. **Alcohol Consumption:** Respondent shall continue to abstain from the consumption of alcohol during the workweek, including the night before any workday.
- C. **Counseling:** Respondent shall continue to meet with his Board-approved counselor and the counselor shall provide continuing counseling for Respondent and to monitor his progress.
  - (1) The counselor shall continue to submit written quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.
  - (2) Respondent shall continue with counseling until discharged by the Board-approved counselor and until Respondent's discharge from counseling is approved by the Board.
  - (3) Respondent shall continue to meet with his Board-approved counselor at a frequency as recommended by the counselor and approved by the Board.

- D. **Worksite Monitor:** Respondent shall continue to have a Board-approved physician who regularly observes and/or supervises him in a practice setting serve as Respondent's worksite monitor. The Board shall provide a copy of all Board orders relating to this matter with the worksite monitor.
- (1) The worksite monitor shall inform the Board immediately if there is evidence that Respondent has engaged in inappropriate behavior, professional misconduct or a violation of the terms of this Settlement Agreement and Final Order.
  - (2) Respondent shall continue to meet with his worksite monitor on a regular basis as approved by the Board to discuss Respondent's interpersonal functioning.
  - (3) The worksite monitor shall submit written quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year.
- E. **Notice to Employers and Surgical Staff:** Respondent shall provide the Board with a list of all present and future employers and supervisors at any location where Respondent is employed as a physician. The Board will provide all such individuals with a copy of all Board orders relating to this action. All such individuals shall provide a written statement to the Board indicating they have read and understand the documents related to this matter and shall agree to contact the Board immediately upon receipt of evidence that Respondent has engaged in unprofessional conduct.

- F. **Chaperone Requirement:** Respondent must have a Board-approved female healthcare professional chaperone continually present when he has any direct patient interaction with a female patient that includes any type of pre or post-operative examination, evaluation, assessment or interview. The chaperone shall clearly document her continued presence in each patient's chart. Respondent shall provide the Board with the names of all persons providing chaperone services for him at all facilities where Respondent practices medicine under his Iowa medical license within 48 hours of the chaperone joining the staff. The Board will provide all chaperones with a copy of all Board Orders in this matter. All chaperones shall provide a written statement to the Board indicating that they have read the Board Orders and agree to inform the Board immediately if there is any evidence of inappropriate sexual behavior or professional misconduct.
- G. **Staff Surveillance Forms:** Respondent shall ensure that all health professionals who work with him in the future complete the staff surveillance form provided by the Board at the end of each month. The staff surveillance forms shall be mailed directly to the Board's Monitoring Coordinator and Respondent's counselor and must be received by the 15<sup>th</sup> of each month.
- H. **Patient Satisfaction Survey:** Respondent shall utilize patient satisfaction surveys in his medical practice. The staff at each location where Respondent practices medicine shall provide the surveys to all patients for

one week beginning January 1, April 1, July 1, and October 1, of each year of Respondent's probation. Staff shall mail a copy of the surveys directly to the Board's Monitoring Coordinator and Respondent's counselor.

- I. **Quarterly Reports:** Respondent shall continue to file sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Settlement Agreement, including attendance at meetings with his counselor. The reports shall be filed not later than 1/10, 4/10, 7/10 and 10/10 each year of Respondent's probation.
- J. **Board Appearances:** Respondent shall make appearances before the Board annually or upon request. Respondent shall be given written notice of the date, time and location of the appearances. Said appearances shall be subject to the waiver provisions of 653 IAC 12.6(6)(d).

4. In the event Respondent violates or fails to comply with any of the terms or conditions of this Consent Agreement, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.2.

5. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

6. In the event Respondent leaves Iowa to reside or practice outside the state, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside the state of Iowa will not apply to the duration of the Settlement Agreement and Final Order.

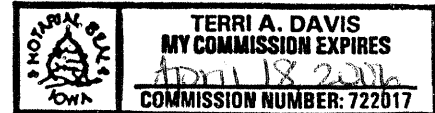
7. This Consent Agreement is voluntarily entered into by the Applicant and the Board.

8. The Board's approval of this Consent Agreement shall constitute a **FINAL ORDER** of the Board.


  
Jeffrey J. Joyce, M.D., Applicant

Subscribed and sworn to before me on 7-19-, 2004.

Notary Public, State of Iowa.



This Consent Agreement is approved by the Board on July 21, 2004.

  
Bruce L. Hughes, M.D., Chairperson  
Iowa Board of Medical Examiners  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686